

Volunteer Application



Cameron County SPCA
678 South Mountain Road
Emporium, PA 15834
Phone: (814) 486-0101

Date: _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____ **Email:** _____

Signature of Volunteer: _____

Have you ever been convicted of a felony crime, been charged or convicted with an animal cruelty offence, or been investigated by a SPCA Law Enforcement Official? Yes No

If yes, please explain:

I can volunteer: _____ AM _____ PM _____ Anytime
 _____ Weekdays _____ Weekends

I am interested in volunteering the following services:

DOGS/CATS	FOSTER CARE	MAINTENANCE
Clean kennels <input type="checkbox"/>	Dog <input type="checkbox"/>	Kennel Repairs <input type="checkbox"/>
Feed Animals <input type="checkbox"/>	Cat <input type="checkbox"/>	Snow plowing <input type="checkbox"/>
Wash bowls <input type="checkbox"/>		Grass cutting <input type="checkbox"/>
Brush Animals <input type="checkbox"/>	PUBLIC AWARENESS	Weeding <input type="checkbox"/>
Walk Animals <input type="checkbox"/>	Dog training <input type="checkbox"/>	Painting <input type="checkbox"/>
Play with Animals <input type="checkbox"/>		
FUNDRAISING	ADVERTISEMENT	
Donate Items for Yard Sale <input type="checkbox"/>	Contact Newspapers <input type="checkbox"/>	
Bake for Bake Sale <input type="checkbox"/>	Distributing Flyers <input type="checkbox"/>	
Work at events/event planning <input type="checkbox"/>		

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being a Cameron County SPCA volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the Cameron County SPCA Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of Cameron County SPCA facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless Cameron County SPCA, its officials and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities. Volunteer initial: _____

Official Use Only

This application has been: Approved Disapproved

Date: _____

Signature of CCSPCA representative: _____

Comment: _____



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Waiver for Youth Volunteers Under 18

Child/Student Name _____

Mailing Address _____

Home Phone _____

Emergency Contact for Child _____

Emergency Contact Phone Number _____

I, _____ (Parent/Guardian), fully and completely release Cameron County SPCA, its officers, directors, agents, and all responsible for any loss or injury that may result from my child's volunteer work while volunteering on behalf of Cameron County SPCA, or from any activity that my child undertakes on the premises of Cameron County SPCA, or from the actions of staff or other volunteers handling, treating, or caring for the animals on behalf of Cameron County SPCA. This release also expressly includes a full and complete waiver of any and all claims against Cameron County SPCA, its officers, directors, agents or successors for any loss or injury that may result from the actions of other volunteers or third parties.

Parent/Guardian

Signature _____ Date _____

Print Name _____